REACT

Guidelines for the Care of Trauma Patients

Prehospital Phase

All trauma patients should be assessed using primary and secondary survey procedures. Priorities of care are airway with cervical spine control, respirations, oxygenation, and vascular access. The use of interventions outlined in the following guidelines should be based on patient assessment, level of training, and local protocols.

AROPE

A: Airway with C-spine control
R: Respiration
O: Oxygenation
P: Perfusion
E: Evacuation with Stabilization

AIRWAY WITH C-SPINE CONTROL

An airway should be secured for all trauma patients using the appropriate intervention

1. Open airway while maintaining C-spine control
2. Suction for debris, secretions, vomitus, and other debris
3. Nasopharyngeal airway* for patients with a deweased level of responsiveness but with an intact gag reflex
4. Oral airway for unresponsive patients
5. Tracheal intubation for patients in danger of airway compromise, those not breathing on their own or with ineffective respirations
6. Needle cricothyroidotomy for patients who cannot be intubated due to airway/facial trauma

*Contraindicated with facial trauma or suspected basilar skull fracture

RESPIRATION

Appropriate interventions to ensure respiration and ventilation should be performed.

1. Ambu bag with reservoir for patients with ineffective or absent respirations
2. Needle decompression for tension pneumothofax
3. Dressing secured on three sides for open chest wound

OXYGENATION

All major trauma patients require supplemental oxygen at 100% using the appropriate method.

1. Non-rebreather mask for patients who are spontaneously breathing
2. Ambu bag with resetvoir and mask (or attached to tracheal tube) for patients with ineffective or absent respirations

*Never withhold oxygen from a patient who needs it but use with caution in patients with a history of COPD

PERFUSION

Appropriate measures for tissue perfusion should be performed.

1. Control of hemorrhage with direct pressure and/or pressure dressings
2. Vascular access
3. CPR for patients in **full** arrest

EVACUATION with STABILIZATION

Trauma patients should be transported to the appropriate medical facility as rapidly as possible. Consider air medical transport if situation merits. Stabilization measures (splinting, wound care) should be completed during transport.

These guidelines have been reviewed and approved by the Eastem Regional Trau ma Coalition.
REACT: Rural Enhancement of Access and Care for Trauma
For information, Please call Project Manager. Sallie Gough, AN, MSN, 919-816-8687 Fax 919-816-7890

REACT
Guidelines for the Care of Trauma Patients
Emergency Department Phase

All trauma patients should be assessed using primary and secondary survey procedures. Priorities of care are airway with cervical spine control, respirations, oxygenation, and vascular access.The use of interventions outlined in the following guidelines should be based on patient assessment, level of training, and local protocols.

AROPE

AIRWAY WITH C-SPINE CONTROL
An airway should be secured for all trauma patients using the appropriate method.

1. Tracheal intubation for patients in danger of airway compromise, those not breathing on their own or with ineffective respirations
2. Cricothyroidotomy for patients who cannot be intubated due to airwaylfacial trauma

*Head injured patients require close observation for neurological deterioration. To allow for observation, neuromuscuiar blockade should be used with caution although it may be necessary for safe transport.

RESPIRATION
Appropriate interventions to ensure respiration and ventilation should be performed.

1. Ambu bag with reservoir for patients with ineffective orabsent respirations
2. Transport ventilator for intubated patients
3. Chest tube insertion for patients wifh a pneumo- and/or hemothorax

OXYGENATION
All trauma patients should be administered supplemental oxygen at 100% using the appropriate method.

1. Non-rebreather mask for patients who are spontaneously breathing
2. Ambu bag with reservoir attached to tracheal tube for patients with ineffective or absent respirations
3. Transport ventilator

*Never withhold oxygen from a patient who needs it but use with caution in patients with a history of COPD.

PERFUSION
Appropriate measures for tissue perfusion should be performed.

1, Control of hemorrhage with pressure dressings for external hemorrhage: operative intervention for internal hemorrhage control
2. Vascular access
3. CPR for patients in full arrest
4. Pericardiocentesis for patients with suspected cardiac tamponade

EVACUATION with STABILIZATION
Trauma patients should be transferred to the appropriate medical facility as rapidly as possible. The following stabilization measures should be considered.

1. Injured extremities splinted
2. Gastric tube inserted
3. Foley catheter inserted
4. Wounds covered
5. Tetanus status documented
6. Antibiotics given

These guidelines have been reviewed and approved,by the Eastern Regional Trauma Coalition.
REACT: Rural Enhancement of Access and Care for Trauma
For information: please call Sallie Gough, RN,MSN Project Manager 919-816-6687 Fax 919-816-7890